



VETERAN'S SUPPLEMENTAL APPLICATION FOR ASSISTANCE IN ACQUIRING SPECIALLY ADAPTED HOUSING

PH NO.

PRIVACY ACT INFORMATION: No grant may be awarded unless a completed application form has been received (38 U.S.C. 2101). You are not required to furnish the information, but are urged to do so, since it is vital to proper action by VA in your case. Responses may be disclosed outside the VA if the disclosure is authorized under the Privacy Act, including the routine uses (for example: Authorize release of information to Congress when requested for statistical purposes) identified in VA system of records, 55VA26, Loan Guaranty Home, Condominium and Manufactured Home Loan Applicant Records, Specially Adapted Housing Applicant Records, and Vendee Loan Applicant Records - VA, published in the Federal Register.

RESPONDENT BURDEN: VA may not conduct or sponsor, and respondent is not required to respond to this collection of information unless it displays a valid OMB Control Number. Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have comments regarding this burden estimate or any other aspect of this collection of information, call 1-800-827-1000 for mailing information on where to send your comments.

SECTION I - VETERAN'S APPLICATION (To be completed by Veteran)

| | | | |
|---|------------------------------|--|------------------------|
| 1. FIRST NAME - MIDDLE INITIAL - LAST NAME OF VETERAN | | 2. VA FILE NO. | |
| 3A. ADDRESS (Number and street or rural route, city or P.O., State and ZIP Code) | 3B. TELEPHONE NO. OF VETERAN | | 4. SOCIAL SECURITY NO. |
| | DAYTIME (Include Area Code) | | |
| | | EVENING (Include Area Code) | |
| 5. I WISH TO APPLY FOR A GRANT UNDER CHAPTER 21, TITLE 38, U.S.C. FOR (Check one) | | | |
| <input type="checkbox"/> A. LAND AND HOUSING TO BE ACQUIRED BY ME (PLAN 1) | | <input type="checkbox"/> B. HOUSING TO BE ERECTED ON LAND NOW OWNED BY ME (PLAN 2) | |
| <input type="checkbox"/> C. REMODELING TO BE DONE ON HOUSE NOW OWNED OR TO BE ACQUIRED BY ME (PLAN 3) | | <input type="checkbox"/> D. SUITABLE PROPERTY NOW OWNED OR TO BE ACQUIRED BY ME NEEDING NO REMODELING, ON WHICH THERE IS AN OUTSTANDING MORTGAGE (Trust) HAVING AN UNPAID BALANCE OF \$ (PLAN 4) | |
| 6. LOCATION OF PROPERTY (Include lot and block number, subdivision, or other legal description, city or county and State; also street address if available) | | | |

| 7. SOURCE(S) OF INCOME | 8. MONTHLY INCOME | 9. WHO WILL OCCUPY YOUR HOUSEHOLD | |
|------------------------|-------------------|-----------------------------------|-----------------|
| | | A. AGE | B. RELATIONSHIP |
| A. VA COMPENSATION | \$ | | |
| B. SOCIAL SECURITY | \$ | | |
| C. | \$ | | |
| D. | \$ | | |
| E. | \$ | | |
| F. | \$ | | |

CERTIFICATION

Neither I, nor anyone authorized to act for me, will refuse to sell or rent, after the making of a bona fide offer, or refuse to negotiate for the sale or rental of, or otherwise make unavailable or deny the dwelling or property acquired by this benefit to any person because of race, color, religion, sex, or national origin. I recognize that any restrictive covenant on the property relating to race, color, religion, sex, age, handicap status, familial status or national origin is illegal and void and any such covenant is specifically disclaimed. I understand that civil action for preventive relief may be brought by the Attorney General of the United States in any appropriate U.S. District Court against any person responsible for a violation of the applicable law.

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| 10. SIGNATURE OF VETERAN OR FIDUCIARY | 11. DATE |
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SECTION II - (FOR VA USE ONLY)

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|---|------------------------|---|--|---------------------------------------|----------|
| 1A. NAME AND ADDRESS OF LENDER | | 1B. NAME AND TITLE OF LENDING OFFICIAL | | 1C. TELEPHONE NO. OF LENDING OFFICIAL | |
| 2. LOAN DATA | | 3. AMOUNT OF MONTHLY INSTALLMENT | 4. REMAINING REPAYMENT PERIOD (Yrs., Mos.) | 5. INTEREST RATE % | |
| A. TYPE | B. AMOUNT | | | | |
| <input type="checkbox"/> NEW <input type="checkbox"/> EXISTING | \$ | \$ | | | |
| 6. FINANCING BY: | | | 7. VETERAN'S CONTRIBUTION | | |
| <input type="checkbox"/> GUARANTEED LOAN <input type="checkbox"/> CONVENTIONAL LOAN | | A. TYPE | | B. AMOUNT | |
| <input type="checkbox"/> DIRECT LOAN <input type="checkbox"/> OTHER (Specify) | | <input type="checkbox"/> CASH <input type="checkbox"/> EQUITY | | \$ | |
| 8. ANNUAL COST OF MAINTAINING THE SUBJECT PROPERTY IS ESTIMATED AS FOLLOWS: | | | | | |
| A. TAXES | B. SPECIAL ASSESSMENTS | C. INSURANCE | D. HEAT AND UTILITIES | E. MISC. REPAIRS | F. TOTAL |
| \$ | \$ | \$ | \$ | \$ | \$ |
| 9. I AM OF THE OPINION THAT THE TERMS OF PAYMENT REQUIRED IN THE MORTGAGE PLUS OTHER EXPENSES INCIDENT TO THE OWNERSHIP OF THE HOUSING UNIT | | | | | |
| <input type="checkbox"/> DO <input type="checkbox"/> DO NOT BEAR A PROPER RELATIONSHIP TO THE VETERAN'S PRESENT AND ANTICIPATED INCOME AND EXPENSES | | | | | |
| 10. NAME OF BUILDING CONTRACTOR (Attach copy of contract) | | | | | |
| 11. PLANS AND SPECIFICATIONS ARE ATTACHED FOR: | | | | | |
| <input type="checkbox"/> HOUSING TO BE CONSTRUCTED <input type="checkbox"/> REMODELING TO BE ACCOMPLISHED | | | | | |

12. COST

| | | |
|--|---|-------------------------|
| A. | PLANS 1 OR 4 - TOTAL COST OF LAND AND HOUSING | \$ |
| B. | PLAN 2 - ORIGINAL COST OF LAND (\$) PLUS COST OF HOUSING TO BE CONSTRUCTED (\$) | \$ |
| C. | PLAN 3 - ORIGINAL COST OF LAND AND DWELLING TO BE REMODELED (\$) PLUS COST OF REMODELING (\$) | \$ |
| D. | ALL PLANS - ALLOWABLE CLOSING COSTS (EXCLUDING PREPAID ITEMS), PLUS SPECIAL ASSESSMENTS LEVIED AND DELINQUENT TAXES, IF ANY | \$ |
| E. | ANY UNPAID BALANCE OWED AS OF | \$ |
| F. | OTHER ALLOWABLE FEES AND COSTS <i>(Estimated or incurred)</i> NOT INCLUDED IN COSTS ABOVE | 1. ARCHITECT'S FEE - \$ |
| | | 2. ATTORNEY'S FEE - \$ |
| | | 3. - \$ |
| | | 4. - \$ |
| | | 5. - \$ |
| | | 6. - \$ |
| TOTAL OTHER ALLOWABLE FEES AND COSTS ▶ | | \$ |
| G. | TOTAL COST OF HOME INCLUDING ALL ALLOWABLE FEES AND COSTS | \$ |
| H. | I RECOMMEND A <input type="checkbox"/> GRANT <input type="checkbox"/> SUPPLEMENTAL GRANT/CLAIM OF | \$ |

13. IN SUPPORT OF THE AMOUNTS IN ITEM 12 SEE:
 APPRAISAL PROOF OF ORIGINAL COST VA REVIEW OF BUILDER'S COST BREAKDOWN
 VA COST ANALYSIS AFFIDAVIT AS TO AMOUNT OF UNPAID BALANCE ATTACHED

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|---|-----------|
| 14A. SIGNATURE OF SPECIALLY ADAPTED HOUSING AGENT | 14B. DATE |
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| 15A. SIGNATURE OF VALUATION OFFICER, OR DESIGNEE | 15B. DATE |
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SECTION III - (TO BE COMPLETED BY LOAN GUARANTY OFFICER OR DESIGNEE)

1. GRANT IN THE AMOUNT OF \$ _____ IS APPROVED. *(Letter of approval will state this amount, subject to amendment for inclusion or exclusion of acceptable costs omitted in this application or found to be unnecessary).*
2. APPLICATION DISAPPROVED

SECTION IV - COMMENTS

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| 1A. SIGNATURE OF LOAN GUARANTY OFFICER OR DESIGNEE | 1B. DATE |
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